

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10672	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ROBERT BLANCO P.O. Box, Bldg., Room No., if any Street 3127 W. Hallandale Beach Blvd., #101 City Pembroke Park State Florida ZIP Code + 4 33009	4. Name, file number, and address of labor organization. Name International Union of Bricklayers & Allied Craftworkers, Local #1, Florida Labor Organization File Number 000X08A 531-837 P.O. Box, Building and Room Number, if any Suite 600 Street 1776 Eye Street, NW City Washington State District of Columbia ZIP Code + 4 20006
5. Position in labor organization. President / Local #1, Florida	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. N/A	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/15/05 Date	(954) 985-3807 Telephone Number

Name of Person Filing	ROBERT BLANCO	File Number U-	N/A
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Florida Trowel Trades Pension & Welfare Funds</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1449</p> <p>Street 2001 Caldwell Drive</p> <p>City Goodlettsville</p> <p>State Tennessee ZIP Code + 4 37072</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name. N/A</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p>Pension and Welfare Trust covering Union members. Robert Blanco is an unpaid Trustee. Fund pays expenses related to Fund business.</p> <p>11.b. Approximate dollar value of such dealing. 5350</p> <p>12.a. Nature of interest held or income received.</p> <p>Received reimbursement of income for attendance at Trustee meetings, educational conference.</p> <p>12.b. Amount. \$74.37</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. N/A</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Atlantic Capital Advisors LLC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **3091 Maple Drive N.E.**

City **Atlanta**

State **Georgia** ZIP Code + 4 **30305**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Florida Trowel Trades Pension**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **2001 Caldwell Drive**

City **Goodlestownville**

State **Tennessee** ZIP Code + 4 **37072**

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

50,000+

12.a. Nature of interest held or income received.

Dinner in conjunction with Trustee meeting.

12.b. Amount.

\$70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing ROBERT BLANCO	File Number U- N/A
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Investment Performance Service</p> <p>Trade Name, if any: IPS</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 7402 Hudgson Memorial Drive</p> <p>City Savannah</p> <p>State GA ZIP Code + 4 31406</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Florida Trowel Trades Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2001 Caldwell Drive</p> <p>City Goodlettsville</p> <p>State Tennessee ZIP Code + 4 37072</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">Investment Consultant</p> <p>11.b. Approximate dollar value of such dealing. 30,000+</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">Dinner in conjunction with Trustee meeting, and golf outing.</p> <p>12.b. Amount. \$80</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Intech Investments**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **2401 PGA Blvd., Suite 100**

City **Palm Beach Gardens**

State **FL** ZIP Code + 4 **33410**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Florida Trowel Trades Pension**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **2001 Caldwell Drive**

City **Goodlestown**

State **Tennessee** ZIP Code + 4 **37072**

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

30,000+

12.a. Nature of interest held or income received.

Brunch in connection with educational conference.

12.b. Amount.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.